

CLAIMS ONLY							Application Number 10/606445		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1			1				51					
2				1			52					
3				1			53					
4				1			54					
5				1			55					
6				1			56					
7				1			57					
8				1			58					
9				1			59					
10							60					
11							61					
12							62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep			1				Total Indep					
Total Depend			8				Total Depend					
Total Claims			9				Total Claims					